
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	8/17/2010
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001389

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-op physiotherapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-op physiotherapy two (2) times a week for six (6) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013.

“DISCUSSION: Medical Information (clinical summary and records reviewed): According to the records made available for review, this is a 41-year-old male patient, s/p injury 8/17/10. The patient most recently (5/23/13) presented with bilateral shoulder pain. Physical examination revealed TIP over the AC joint, positive subacromial bursitis, positive impingement, positive O'Brien's test, and 4/5 strength with abduction. Reported MRI left shoulder (6/7/11) revealed moderate to severe rotator cuff tendinosis and AC joint degenerative changes; report not available for review. Current diagnoses include bilateral shoulder subacromial bursitis and bilateral shoulder impingement. Treatment to date includes injections and medications. Treatment requested is bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/3/13)
- Primary Treating Physician's Progress Report (dated 5/23/13)

- Employee's Medical Records by [REDACTED] (dated 4/22/13 & 2/13/13)
- Employee's Medical Records by [REDACTED] (dated 2/16/13)
- Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pgs 209-214
- Postsurgical Treatment Guidelines, Shoulder

1) Regarding the request for bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Shoulder Complaints, Chapter 9, pgs. 209-214, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee reported a work-related injury to the bilateral shoulders as the result of a fall sustained on 8/17/10. The employee's diagnoses includes bilateral shoulder subacromial bursitis and bilateral shoulder impingement. Treatment to date includes Norco, Prilosec, and topical Terocin cream. The request is for bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times.

The MTUS guidelines, shoulder complaints section indicate surgical interventions are supported for those who have had conservative care for 3 to 6 months, with treatment directed towards gaining full range of motion. Medical records submitted and reviewed indicate the employee has exhausted lower levels of conservative treatment including opioid analgesics, topical analgesics and 1 injection to each shoulder. The medical records also indicate that the employee has not had any active supervised therapeutic interventions. The guideline criteria are not met. The request for bilateral shoulder arthroscopic subacromial decompression with distal clavicle resection to be done at separate times is not medically necessary and appropriate.

2) Regarding the request for post-op physiotherapy two (2) times a week for six (6) weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines (2009), Shoulder section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the

guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee reported a work-related injury to the bilateral shoulders as the result of a fall sustained on 8/17/10. The employee's diagnoses includes bilateral shoulder subacromial bursitis and bilateral shoulder impingement. Treatment to date includes Norco, Prilosec, and topical Terocin cream. The request is for post-op physiotherapy two (2) times a week for six (6) weeks.

The request is for post-op physiotherapy. The surgical procedure at issue is not medically necessary and appropriate. Therefore, the request for post-op physiotherapy two (2) times a week for six (6) weeks is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.